



Ente Ospedaliero Cantonale

Incontro autunnale ASIO-AMCIS-ICKS

Appropriateness: what we have learnt from our projects

**Ospedale Regionale di Bellinzona e Valli,
9th november 2017**

Dr. med. MPH Fabrizio Barazzoni

Head of the EOC Academic Education, Research and Innovation Area

Health Expenditure Switzerland

Health care costs and financing in 2015: provisional data

New calculations of total health expenditure 2015

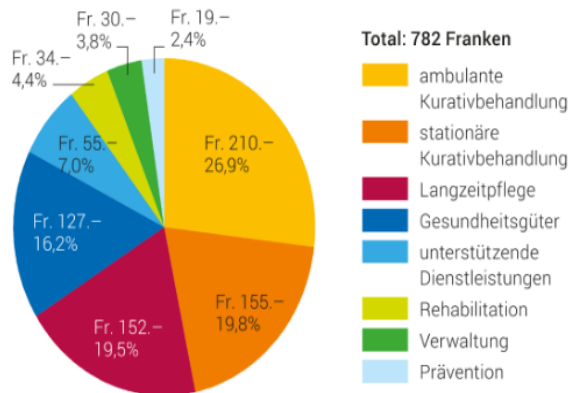
Neuchâtel, 27.04.2017 (FSO) **In 2015, the total health care expenditure in Switzerland according to OECD standards was CHF 77.8 billion. This sum is the result of the provisional calculations of the Federal Statistical Office (FSO). The data for 2015 were influenced by two important factors: firstly the effect of revision and secondly the effect of regular growth. The revision effect for 2014 amounts to CHF 3.3 billion (+4.6%). The regular growth for 2014-2015 on the basis of the revised data is CHF 3.2 billion (+4.3%). In 2015, mandatory health insurance accounted for around one third of total health expenditure (35.3%).**

Gesundheitsausgaben pro Einwohner, 2015

AL STATISTICAL OFFICE
Office

Gesundheitsausgaben pro Einwohner, 2015

In Franken pro Monat



Quelle: BFS – Kosten und Finanzierung des Gesundheitswesens (COU)
revidiertes Modell 2017

© BFS 2017

5 Costs and funding

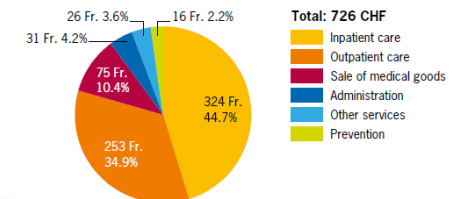
	2014
Health expenditure (in CHF million)	71,335
Of which for	
inpatient care	31,880
outpatient care	24,889
medical goods	7,407
Health expenditure in relation to the gross domestic product (GDP)	11.1%

Inpatient care which also includes care for older people in nursing homes accounts for 45% of health expenditure. Ambulatory care including that provided in hospitals generates a third of health expenditure costs.

Health expenditure per inhabitant, 2014

In CHF per month

G 48



Source: FSO – Statistics on health care costs and funding (COU)

© FSO, Neuchâtel 2016

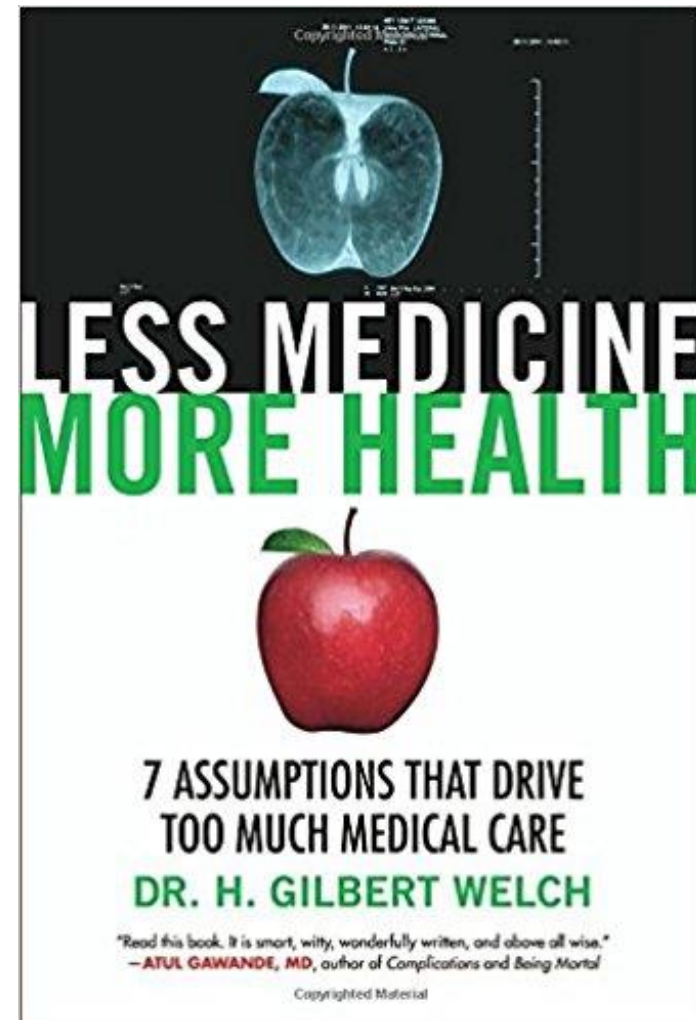
It's all appropriate?

38

LESS IS MORE - = + MEDICINE

The reasons that incite an overuse of the healthcare

- All risks can be reduced
- It is always better to resolve problems as soon as possible
- Having more information does not hurt
- Taking action is better than waiting
- New is better
- Everything must be done to avoid the the death





1. To avoid being named in a **potential lawsuit**
2. Defensive medicine has become the **new "standard of care"**
3. **Patient or family demands that everything** humanly possible be done
4. To adhere to the standard of perfection to which patients hold physicians. **Any bad result is the physician's fault**
5. I do not want to **risk my personal finances**

Backer's Hospital Review. **Top Reasons Physicians Practice Defensive Medicine**
Written by Molly Gamble ([Twitter](#) | [Google+](#)) | December 05, 2012



6. **Fear of missing something.** I don't want to make a mistake or be wrong
7. To protect my good name. I do not wish to **risk my reputation**
8. **I have been named in a medical malpractice lawsuit** and do not wish to repeat the experience
9. **Colleagues have been named in (a) medical malpractice lawsuit(s)** and I saw what they went through to defend themselves. I don't want that to happen to me **Peer pressure.** Other physicians of my specialty are doing it, and I'm afraid I'll look "deficient" by comparison if I do not

Backer's Hospital Review. **Top Reasons Physicians Practice Defensive Medicine**
Written by Molly Gamble ([Twitter](#) | [Google+](#)) | December 05, 2012

Feuille de route de l'Académie Suisse des Sciences Médicales (ASSM)

Médecine durable

BMS 2012; 93: 45 – 1645-1653



Schweizerische Akademie der Medizinischen Wissenschaften
Académie Suisse des Sciences Médicales
Accademia Svizzera delle Scienze Mediche
Swiss Academy of Medical Sciences



An initiative of the ABIM Foundation

3.2. Le choix des interventions médicales doit se faire avec mesure

Au lieu de «tout faire et si possible au plus vite», il serait plus indiqué de «faire ce qui est juste et suffisant, mais pas trop». Dans l'espace anglophone, l'expression «wise choices» est utilisée. Pour que ces «wise choices» soient possibles, trois conditions doivent être remplies:

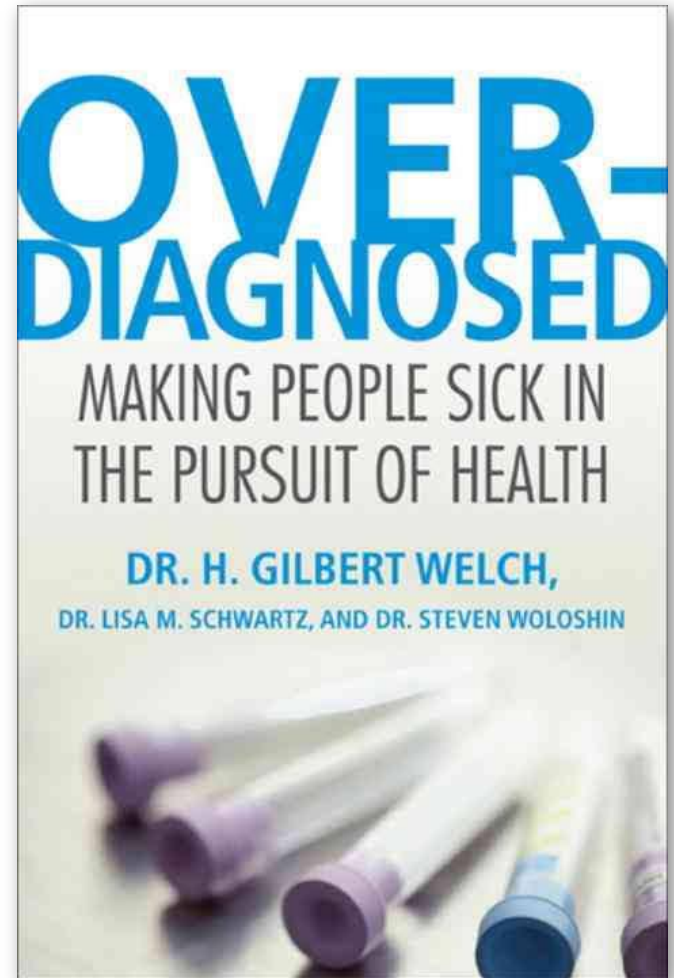
- Des guidelines indépendantes définissent une «baseline» pour la qualité au sens large. La liberté thérapeutique reste garantie – toutefois avec l'obligation de justifier les écarts par rapport aux guidelines.
- Le médecin et le patient prennent les décisions ensemble dans le sens du «shared decision making»; cela sous-entend également que les éventuels problèmes (âge, comorbidité) soient discutés et les incertitudes partagées.
- Les conflits d'intérêts doivent être systématiquement révélés et la gestion de ces conflits doit être clarifiée. Cela concerne non seulement l'élaboration de guidelines, mais également le développement de systèmes d'incitation.

Mesures et acteurs

- Les sociétés de discipline élaborent des directives pour le diagnostic et le traitement des pathologies les plus courantes; le cas échéant, des directives étrangères correspondantes sont reprises. Les guidelines précisent aussi bien quelles interventions sont adéquates que celles qui ne sont pas indiquées (et potentiellement dangereuses).
- Toutes les sociétés de discipline élaborent une liste d'au moins dix interventions superflues et qui ne doivent donc plus être pratiquées (sur le modèle du projet «Choosing wisely» de l'American Board of Internal Medicine).
- L'ASSM publie des directives concernant la gestion des conflits d'intérêts lors de l'élaboration de guidelines.

Overdiagnosis is the diagnosis of "disease" that will never cause symptoms or death during a patient's ordinarily expected lifetime.

G. Welch, H. Gilbert; Black, William C. (2010-05-05). "Overdiagnosis in cancer". Journal of the National Cancer Institute. 102 (9): 605–613. [ISSN 1460-2105](#). [PMID 20413742](#). [doi:10.1093/jnci/djq099](#).



LESS IS MORE
- = + MEDICINE

VIEWPOINT

ONLINE FIRST

Choosing Wisely Helping Physicians and Patients Make Smart Decisions About Their Care

Christine K. Cassel, MD

James A. Guest, JD

WHILE THE UNITED STATES GRAPPLES WITH THE challenge of health care costs that contribute to high rates of poor-quality care, burdens to business competitiveness, and looming government deficits, clearly there are areas in which health care spending does not add to the health of individuals and communities. The polarizing political environment makes it difficult to conduct rational public discussions about this issue, but clinicians and consumers can change the nature of this debate to the potential benefit of patients, the medical profession, and the nation. The initial focus should be on overuse of medical resources, which not only is a leading factor in the high level of spending on health care but also places patients at risk of harm. In fact, some estimates suggest that as much as 30% of all health care spending is wasted.¹

To reduce unnecessary tests and procedures, physicians will need to play a leading role—their decisions account for about 80% of health care expenditures.² Yet physicians do not always have the most current effectiveness data, and despite acting in good faith, they can recommend diagnostic or therapeutic interventions that are no longer considered essential. Also, research shows that physicians may need help communicating these matters to their patients. This may be especially difficult when clinicians and consumers are deluged with advertising and promotion. Clinicians often report feeling compelled to accommodate patients' requests for interventions they know are unnecessary.^{3,4} At the same time, patients need trustworthy information to help them better understand that more care is not always better care, and in some cases can actually cause more harm than good.

A major goal of health care reform is enhancing "patient-centered care." Patients, and consumer groups representing them, express increasing interest in forging true partnerships with their clinicians, with real-time access to their own medical records, to science-based comparative effectiveness information, and to health care delivery environ-

ments built to enhance both comfort and personalization of medical care. Patient engagement, as 1 of the 6 major initiatives of the National Priorities Partnership of the National Quality Forum, promises more informed and involved patients as decision makers. To make good on this promise requires transparent and credible information about the relative value and risk of various medical diagnostic and therapeutic interventions.

To help reduce waste in the US health care system and promote physician and patient conversations about making wise choices about treatments, 9 medical specialty societies have joined the ABIM (American Board of Internal Medicine) Foundation and Consumer Reports in the first phase of the Choosing Wisely campaign, including the following: American Academy of Allergy, Asthma & Immunology; American Academy of Family Physicians; American College of Cardiology; American College of Physicians; American College of Radiology; American Gastroenterological Association; American Society of Clinical Oncology; American Society of Nephrology; and the American Society of Nuclear Cardiology.

As part of Choosing Wisely, each society has developed a list of 5 tests, treatments, or services that are commonly used in that specialty and for which the use should be re-evaluated by patients and clinicians. Those lists were released on April 4, 2012, at a national event in Washington, DC. Additionally, other societies, consumer organizations, and physician organizations have asked how they can become part of this effort to engage physicians and patients in conversations about tests and procedures that should rarely be used.

The early origins of this campaign can be found in "Medical Professionalism in the New Millennium: A Physician Charter."⁵ Authored in 2002 by the ABIM Foundation, American College of Physicians Foundation, and European Federation of Internal Medicine, the charter has as its fundamental principles the primacy of patient welfare, pa-

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JAMA, May 2, 2012—Vol 307, No. 17 1801



IN COLLABORATION WITH

smarter medicine
Choosing Wisely Switzerland

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wisely







EOC
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Wise Medicine.
Let's talk about smart choices!

Fare di più non significa fare meglio
Mehr ist nicht immer besser
Faire plus ne signifie pas faire mieux
Doing more does not mean doing better

Enrollment card
09.25.2015
Lugano, Aula Magna
UNIVERSITÀ DELLA SISSCO ITALIANA

Choosing Wisely
<http://www.eoc.ch/choosing>

...at least do no harm
Simultaneous translation provided

Event organized in collaboration with:

Ministerio de Sanidad y Consumo
Ministerio de Sanidad y Consumo
Ministerio de Sanidad y Consumo
Ministerio de Sanidad y Consumo

Ministry of Health
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2015



2017

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FINAL PROGRAM

Choosing Wisely:
Bridging the gap from theory to practice
Hands on experience about data & patient empowerment

SPONSORED BY:

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Friday, 15th September 2017

Lugano, Hotel De La Paix
Viale Giuseppe Cattori 18

www.eoc.ch/choosing

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Grazie



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